

Health Scrutiny Panel

Minutes - 23 June 2016

Attendance

Members of the Health Scrutiny Panel

Cllr Craig Collingswood
Cllr Jasbir Jaspal (Chair)
Cllr Peter O'Neill
Cllr Phil Page
Cllr Stephen Simkins
Cllr Wendy Thompson (Vice-Chair)
Cllr Martin Waite

Employees

Ros Jervis	Service Director Health and Well Being
Deborah Breedon	Scrutiny Officer

In attendance

Stephen Marshall	Clinical Commissioning Group
Helen Hibbs	Clinical Commissioning Group
David Loughton	Royal Wolverhampton Trust
Jeremy Vanes	Royal Wolverhampton Trust
Tracey Cresswell	Health Watch

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
Apologies were submitted on behalf of Cllr Judith Rowley and Cllr Arun Photay
- 2 Declarations of Interest**
Cllr Martin Waite declared a disclosable pecuniary interest as an employee of the West Midlands Ambulance Service
- 3 Minutes of previous meetings**
Resolved

That the minutes of the meeting be approved as a correct record subject to Don McIntosh being added to the attendance list.

4 **Matters Arising**
Resolved

That an update report relating to the progress made in the implementation of the Joint Mental Health strategy be reported to the next meeting of the Health Scrutiny Panel.

5 **Royal Wolverhampton NHS Trust (RWT) - Quality Account**
Jeremy Vanes Chair of Royal Wolverhampton NHS Trust (RWT) and David Loughton Chief Executive of RWT provided the draft Quality Account . He advised that there had been changes to the report since publication of the draft version and that it was an evolving document. He highlighted the priorities around safe nurse staffing levels, safe care and the sign up to the safety issues such as sepsis, preventing infection and patient experience. He invited the panel to comment and provide a statement from this panel to be included in the document when published on 30 June 2016.

The Chair Cllr Jasbir Jaspal advised that a draft statement was in preparation and any comments of the panel would be included in the response statement.

In response to points raised the Chief Executive RWT confirmed that there were currently 230 vacancies which were approximately nine per cent of total nurse staffing. He clarified that there was some evidence to indicate that the shortage is impacting on the service provided but that this issue was not unique to Wolverhampton and that it was a national problem. He indicated that recruiting nurses from outside of the EU was a slow process out of 220 nurse posts offered to Philippine applicants earlier in the year only six visa's had been secured, he suggested that when competing with Canada and the USA for nursing applicants the visa process needs to be more efficient. He highlighted that a big problem for recruiting nurses in the NHS moving forward was the removal of a bursary for student nurses, meaning that student nurses now would have to apply for a student loan. The full impact on the numbers of trainee nurses due to the bursary being removed would not be known until August 2016.

In response to questions from Cllr Wendy Thompson relating to the bursary scheme, medical training and recruitment, the Chief Executive advised that approximately half of trainees complete the training and that Doctors are recruited from overseas on the basis that they carry out both clinical and academic training. The recruitment on the basis responds to the need for staff and reduces the use of interims or agency staff.

Helen Hibbs, CCG responded to further questions about why more universities do not establish specialist training facilities highlighting that there was a high dropout rate. The Chief Executive RWT advised that he has previously been on the Government Advisory Board and although it is preferable that the number of medical schools are increased it would be a ten to twelve year journey and that in his opinion it was unlikely that there would be an expansion of medical schools in the UK in the short term, there may however be more spaces created at existing facilities. He clarified that RWT were in final discussion with the armed services about Accident and Emergency services. (A&E).

Cllr Peter O'Neill welcomed the style of the document, well put together, open and transparent. He particularly welcomed the 'never events' being included on the calendar and suggested that the RWT risk register and never events should be looked at during the scrutiny work programme this year.

The Chair RWT advised that the judgements in the document relate to the Care Quality Commission (CQC) inspection 2015. Safety in the medical wards was highlighted by CQC and the RWT did not agree; the number of vacancies impacted on the 'well led' section of the inspection as well. David Loughton advised that RWT had appealed the ratings and nine months on there had been no response to the appeal.

Following a discussion about never events it was agreed that further information about never events and the risk register should be submitted to Health Scrutiny Panel.

In response to questions from Cllr Martin Waite the Chair RWT advised that work would be undertaken over the next couple of years to adapt nursing roles, upgrading and looking at emerging and interesting areas. He advised they would be looking at the way the bank of nurses is used; he further advised that to keep the numbers of nurses in the bank up they needed to upgrade the bank.

The panel considered other sections of the draft report including the clinical audit and the catalogue of previous report, highlighting that changes take time to implement and sometimes do not work out too well. They highlighted that following CQC inspections at Stoke and Stafford there are improvements and financially they are achieving what they wanted to.

The Chief Executive RWT responded to questions about the maternity services and how the Trust had invested money, where neighbouring Authorities had not. He advised that approximately 600 additional maternity cases were coming through Wolverhampton as a result of CQC decision to push maternity cases to RWT. He advised that there was good news data to share with the panel.

Cllr Stephen Simkins voiced concerns that the lack of capacity would have impact on delivery of services and care of the patient. The Chief Executive acknowledged the concerns about capacity and advised that there would be an announcement about potential closures shortly. The panel recognised the need for more money to be allocated to hospitals and that things cannot be run if money is not sufficient.

Tracey Cresswell, Health Watch representative advised the panel that there had been no negative experience feedback from patients travelling to Cannock Hospital, the only issues seemed to be the cost of travel. She asked about the plans for 2016-17 and the increased patient and user engagement (including improving links within the community in particular the marginalised groups), and asked how the RWT would engage hard to reach groups. The Chair RWT advised that the Head of Complaints was carrying out some ambitious work to engage people. He advised that the Board had been charged with challenging targets and that there would be more efficiency savings to come over the next couple of years.

There was reference to the future Sustainability and Transformation Programmes (STPs) and how the RWT had worked closely to shape STPs. The Panel requested further information on STPs.

Resolved

1. That Panel welcome the Quality report and agree that the Chair forward a statement to respond to the document.
2. That further information about never events and the risk register should be submitted to Health Scrutiny Panel.
3. That further information about Sustainability and Transformation Programmes (STPs) be submitted to Health Scrutiny Panel.

6 **RWT CQC Inspection Improvement Plan and update**

Jeremy Vanes, The Chair of Royal Wolverhampton NHS Trust (RWT) provided a verbal update to the Panel. He advised that following the CQC inspection, where 70 inspectors had been present for a whole week, 145 actions had been identified. He advised that all but 11 small scale actions had been completed and that many of the actions had been consumed into other action plans.

The Chair advised that the first round of inspections had been on a large scale and that the process has since been revised, the CQC will have a smaller inspection regime with a different style of report.

Resolved

1. That the update be noted.

7 **Update on the Accident and Emergency Department RWT**

Jeremy Vanes, the Chair of Royal Wolverhampton NHS Trust (RWT) gave a verbal update relating to the Accident and Emergency (A&E) Department. He advised that there are more than average referrals in the drugs and alcohol referral scheme last year (648). Ros Jervis, Service Director Health and Well Being, explained that the Community Drugs and Alcohol Team have a good relationship with the clinicians and help people to seek support and that this can be a motivation to change due to the teachable moment (event). Panel were advised that there were also patients who do not want to change, revolving doors patients but that there seem to be reducing numbers of them and Panel were encouraged to hear that the mortality level was also falling.

Panel considered that there were several groups of people on the journey of dangerous drinking levels for a variety of reasons (including binge drinkers and young people). They recognised that prevention and early intervention work and that this was an uphill battle to reduce the impact of drinking. The Service Director advised that the business community in the City Centre now pay for the services.

In response to questions The Chief Executive RWT advised that the Police work hand in glove with RWT and multiagency services but that the RWT cannot breach Patient confidentiality. The Chair RWT responded to questions from Cllr Martin Waite relating to proportion of patients that attend on the weekends, the ageing

population and Stafford ambulance crews bringing them into Wolverhampton during the night. The Chief Executive confirmed that patients under the influence of drink or drugs are in a separate section from other patients he advised that these issues were part of system reform. He acknowledged that as an employer of 9000 staff there was a need to help staff with specific alcohol problems.

In response to Cllr Patricia Patten's questions about levels of teenage drinking the Service Director advised that the highest affected group was males aged 35-45 and that there were not large numbers of young drinkers. It was clarified that the highest number of chronic drinking and liver related illnesses tend to be in middle aged males.

Helen Hibbs, CCG highlighted the number of elderly and frail people admitted to hospitals and explained there are other ways of caring and that it was not all about going into hospital.

The Chair RWT gave an update relating to the Urgent Care Centre which had opened in April 2016. He advised that there had been several developments including the recruitment of nurses, who were waiting to start. He outlined the success of the joint triage and the benefits of having a senior Doctors diagnosis earlier in the process. He advised that admission rates were down 15% as a result of this. In terms of performance he advised that the A&E unit had recently demonstrated the 24th best performance in the Country.

Resolved

1. Panel welcomed the outstanding performance and noted the update report

8

Clinical Commissioning Group (CCG) Primary Care Strategy Update

Stephen Marshall CCG and Helen Hibbs CCG provided a report to update the Panel on the progress of the Primary Care Strategy Implementation. Helen Hibbs outlined the work force development initiatives taking place to address the work force crisis. She advised that CCG were jointly commissioning healthcare with NHS England from April 2017.

Panel voiced concerns relating to the numbers of General Practitioners (GPs), highlighting that there were not enough GPs. Helen Hibbs responded that the GP profession had become an unattractive career prospect, that the pressure was unbelievable, administration backing up systems and so forth. She advised where there was a large practice with a central administration facility it made a big difference to the practitioners.

Cllr Stephen Simkins asked whether Cabinet Members sat on the Governing body for the CCG and was advised that the Cabinet Member was a member of the Health and Wellbeing Board. He requested officers to investigate allocation of a seat on both Boards for the relevant Cabinet Member.

Resolved

1. That Panel note the progress update

9 **Scrutiny Panel request for information relating to training costs for nursing staff and Doctors at RWT New Cross hospital**

Jeremy Vanes, Chair RWT provided a verbal update he advised the Panel that the RWT receives educational funding for health professionals via an annual education contract with health Education England West Midlands (HEWM).

This contract is called the Learning and Development Agreement (LDA)

The contract is renewed annually dependent on performance against student and trainee numbers, and national professional educational quality standards.

The LDA for the Trust equates to circa £14 million, this is ring fenced for educational purposes solely. For medical staff this equates to circa £12.8 million, for nursing and other health professional staff this equates to £1.2 million.

Quarterly performance reporting is mandatory against the contract value and this framework supports further financial payments for each quarter.

Resolved

That Panel note the information provided.